Under the Paperwork Reduction Act of 1995, no persons are re-	quired to respond to a collection of	of information unless it displays a valid OMB control nu	ımber		
UTILITY	Attorney Docket No.	00040.04CON			
PATENT APPLICATION	First Inventor	Ron L. HALE			
TRANSMITTAL	Title	DELIVERY OF SUMATRIPTAN			
	Express Mail Lahel	EV 450 367 181 US	-		

(Only for new	nonprovisional applications under	37 CFR 1.53(b))	Express I	Mail Label		EV 450	367 181 US		
See MPEP	APPLICATION ELEM chapter 600 concerning utility pate		contents.	/	ADDRESS TO:	Commiss P. O. Box	Patent Application sloner for Patents : 1450 is VA 22313-1450	PTO	
(S.	ee Transmittal Form (e.g., PT submit an original, and a duplicate pplicant claims small entity st	for fee processi	ng)		Computer Pro otide and/or An	ogram <i>(App</i> nino Acid S	plicate, large table or pendix) Sequence Submission	U.S.	
3. Sp (pr	pecification referred arrangement set forth belo Descriptive title of the inventio Cross Reference to Related A Statement Regarding Fed spo Reference to sequence listing or a computer program listing Background of the Invention Brief Summary of the Invention	on Applications Onsored R & I , a table, appendix	24 J	a. b.	Specification i. CC ii. Pa Statem	ter Readat Sequence O-ROM or 0 per ents verify	CD-R (2 copies); or ing identity of above co		
	Brief Description of the Drawin			AC	COMPANY	NG APP	PLICATION PARTS	<u>></u>	
- (Detailed Description Claim(s) Abstract of the Disclosure			9. 10. 7	37 CFR 3.73(b) (when there is an	o) Stateme n assignee)	Power of At		
4. 🚺 DI	rawing(s) (35 U.S.C. 113)	Total Sheets	1]	11	Information Distatement (IDS	sclosure	Iment (if applicable) Copies of IE Gitations	os	
5. Oath or D	Declaration [Total Pages]	13.	Preliminary An	•			
a	Newly executed (original Copy from a prior apply (for continuation/divisional i. DELETION OF Signed statement named in the prior 1.63(d)(2) and 1.3 pplication Data Sheet. See 3	nal or copy) ication (37 Cl / with Box 18 co INVENTOR(attached deleti r application, se 33(b). 7 CFR 1.76	empleted) S) ng inventor(see 37 CFR	14.	Return Receip (Should be speci Certified Copy (if foreign priority Nonpublication (b)(2)(B)(i). Al or its equivaled Other:	t Postcard ifically itemiz of Priority is claimed) n Request pplicant mu	red) Document(s) under 35 U.S.C. 122 ust attach form PTO/St	B/35	
specification for Prior a For CONTINU under Box 5t	ONTINUING APPLICATION, ollowing the title, or in an Application intinuation Divisional application information: Examination ON DIVISIONAL APPS, is considered a part of the due incorporation can only be reli-	on Data Sheet under Data Sheet under Continuiting Mina Harrist only: The entities of the Control	inder 37 CFR iation-in-pai AGHIGHA ire disclosur ie accompar	2 1.76: rt (CIP) of particle xTIAN re of the prior reying continua	rior application Group / application, froition or divisiona	No.: Art Unit:1 m which are all applications.	10/155,705 616 n oath or declaration is and is hereby incorpo	supplied	
		19. CO	RRESPO	NDENCE A	DDRESS				
X	Customer Number:		3748		or	Com	espondence address belov	w	
Nome	Elaine C. Stracker J.D., Ph.I).							
Name	V.P. Intellectual Property								
Address	Alexza Molecular Delivery C	Alexza Molecular Delivery Corporation							
, 100, 033	1001 E. Meadow Circle								
City	Palo Alto		State	CA	Z	ip Code	94303	-	
Country	USA	Te	lephone	650.687.3905	;	Fax	650.687.3999		
Name	(Print/Type) Elaine C. Stracker	J.D., Pb.P.	2	Regis	stration No. (Atto	orney/Agent)	43,166	7	
Signati	ure Ful.	(0)				Date	March 3, 2004	7	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Complete if Known

Not Yet Assigned

PTO/SB/17 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

101 F 1 2003			Filing Date 03/03			//04			
Effective 01/01/2003. Patent fees are subject to annual revision	on.	First Named Inventor R			ntor Ron L	Ron L. HALE			
Applicant claims small entity status. See 37 CFR 1.2	27	Examiner Name ·			· Not Y	Not Yet Known			
		Art Unit			Not Yo	Not Yet Known			
TOTAL AMOUNT OF PAYMENT (\$) \$385		Attor	ney Do	cket I	No. 00040.	00040.04CON			
METHOD OF PAYMENT (check all that apply)					E CALCULA	TION (as	ntinuo d\		
	_	DDITIC	NAL F		E CALCULA	ATTOM (CC	minuea)		
Order Order I take		DDITIC Entity							
Deposit Account: Deposit	Fee Code	Fee (\$)		Fee (\$)	Fee	Description	on	Fee Paid	
Account Number 502731	105		2051		Surcharge - late	filing fee or	oath		
Deposit	1052	2 50	2052	25		provisional	filing fee or cover		
Account Name Alexza Molecular Delivery Corp.	1053	3 130	1053	130	Non - English s	pecification			
The Director is authorized to: (check all that apply)	1812	2 2,520	1812 2	2,520	For filing a requ	est for ex pa	rte reexamination		
Charge fee(s) indicated below Credit any overpayments	1804	4 920°	1804	920°	Requesting pub	lication of S	IR prior to Examiner		
Charge any additonal fee(s) during the pendency of this application	180	5 1,840°	1805 1	,840°		lication of S	IR after Examiner		
Charge fee(s) indicated below, except for the filing fee	1				action				
to the above-identified deposit account.	125		2251		Extension for re			<u> </u>	
FEE CALCULATION	125		2252		Extension for re Extension for re				
1. BASIC FILING FEE	125	3 930 4 1.450	2253 2254		Extension for re	• •			
Large Entity Small Entity Fee Fee Fee Fee Description	l .	5 1,970	2255		Extension for re				
Code (\$) Code (\$) Fee Paid	140	-	2401		Notice of Appea		ar monur		
1001 750 2001 375 Utility filing fee 385.00	140		2402		Filing a brief in		n appeal		
1002 330 2002 165 Design filing	1403		2403		Request for ora		. арроа.		
1003 520 2003 260 Plant filing fee		1 1,510			Petition to instit	•	use proceeding		
1004 750 2004 375 Reissue filing 1005 160 2005 80 Provisional filing fee	145		2452	-	Petition to reviv				
	145		2453		Petition to reviv				
SUBTOTAL (1) (\$) \$385.00	ŀ	1 1,300	2501		Utility issue fee				
2. EXTRA CLAIM FEES FOR UTILITY AND Fee from	1502		2502		Design issue fe				
Extra Claims below Fee Paid	1503		2503	315	Plant issue fee				
Total Claims 17 -20** = 0 X 9.00 = 0.00	1460	0 130	1460	130	Petitions to the	Commission	ier		
Independent 3 - 3** = 0 X 43.00 = 0.00 Claims Multiple Dependent	1807	7 50	1807	50	Processing fee	under 37 CF	R § 1.17(q)		
Multiple Dependent =	1806	3 180	1806	180	Submission of I	nformation [Disclosure		
Fee Fee Fee Fee Description	802 ⁻	1 40	8021	40	Statement Recording each	patent assi	gnment per property		
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	1809		2809		(times number of	of properties)		
1201 84 2201 42 Independent claims in excess of 3	l .				(37 ČFR § 1.1	29(a))			
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	(37 CFR § 1.1		n to be examined		
1204 84 2204 42 ** Reissue independent claims over original patent	180	1 750	2801	375	Request for Co	ntinued Exar	nination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20	180	2 900	1802	900	Request for exp of a design app	edited exam	nination		
and over original patent	Ot	her fee (:	specify)						
SUBTOTAL (2) (\$) \$0.00									
**or number previously paid, if greater; For Reissues, see above	*Re	educed b	y Basic	Filing I	Fee Paid	SUBTO	TAL (3) (\$)		
SUBMITTED BY						Complete (f applicable)		
Name (Print/Type) Elaine C., Stracker J.D. Ph.D.			ation No.		43,166	Telephone	650.687.3	905	
GIL A	_	(Attorney	/Agent)	4_					
Signature Mum Bres						Date	March 3, 20	04	
WARNING: Information on this form may become public. Credit card information should									